Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

898		CTI	ED			_		
PAYER'S name, street address, city, state, and ZIP code		\$	a Taxable amount		1B No. 1545-0119 2001 corm 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			b Taxable amount not determined		Total distribution		Copy A For	
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (included in box 2a)	4	Federal income withheld	tax	Internal Revenue Service Center	
		\$		\$			File with Form 1096.	
RECIPIENT'S name		5	or insurance premiums		Net unrealized appreciation in employer's sec	urities	For Privacy Act and Paperwork Reduction Act Notice, see the	
Street address (including apt. no.)		7	Distribution code IRA/ SEP/ SIMPLE	8	Other	%	2001 General Instructions for Forms 1099, 1098, 5498,	
City, state, and ZIP code	1.0	9a	Your percentage of total distribution %	9b \$	Total employee con	tributions	and W-2G.	
Account number (optional)		1	State tax withheld	11	State/Payer's s	tate no.		
		<u>.\$</u> \$					<u> \$ </u>	
		13 \$	Local tax withheld	14	14 Name of locality		15 Local distribution	
		\$					\$	
Form 1099-R Cat. No. 14436Q Department of the Treasury - Internal Revenue Service								

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